

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
Pharmacy & Therapeutics Committee Meeting – February 18, 2021**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
4/1/21	Conjupri	levamlodipine	Antihypertensive	2.5mg, 5mg	Tablet	PA Required	Non-Formulary
4/1/21	Cardene	Nicardipine SR	Antihypertensive	20mg, 30mg	Capsule	PA Required	Non-Formulary
4/1/21	Fenoglide	fenofibrate	Antilipemic Agent	40mg, 120mg	Tablet	No change: PA Required	Non-Formulary
4/1/21	Fenofibrate	Fenofibrate micronized	Antilipemic Agent	43mg, 67mg, 130mg, 134mg, 200mg	Capsule	No change: Formulary (43mg, 67mg, 134mg, 200mg) PA Required (130mg)	Non-Formulary
4/1/21	Lipofen	fenofibrate	Antilipemic Agent	50mg, 150mg	Capsule	No change: PA Required	Non-Formulary
4/1/21	Fish oil	Fish oil	Antilipemic Agent	1000mg	Capsule	No change: Formulary with ST: Must try atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin	Formulary. QL: 120/30 days
4/1/21	Fish oil	Fish oil	Antilipemic Agent	1200mg	Capsule	No change: Formulary with ST: Must try atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin	Formulary. QL: 60/30 days
4/1/21	Lovaza	Omega-3 acid ethyl esters	Antilipemic Agent	1g	Capsule	No change: Formulary with ST: Must try OTC generic fish oil	Formulary. QL: 120/30 days
4/1/21	Byetta	Exenatide	Antidiabetic Agent	2mg, 2mg/0.85mL, 5mcg/0.02mL, 10mcg/0.04mL	Injection	No change: Formulary with ST: Must try metformin	Formulary with ST: Must first try metformin, metformin-glipizide, metformin-glyburide, QL:

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							2.4mL/30 days, 1.2mL/30 days
4/1/21	Ozempic	Semaglutide	Antidiabetic Agent	2mg/1.5mL	Injection	No change: Formulary with ST: Must try metformin	Formulary with ST: Must first try metformin, metformin-glipizide, metformin-glyburide, 3mL/28 days
4/1/21	Victoza	Liraglutide	Antidiabetic Agent	18mg/3mL	Injection	No change: PA Required (Age ≥21 years). Formulary (Age ≤20 years)	Formulary with ST: Must first try metformin, metformin-glipizide, metformin-glyburide, 9mL/30 days
4/1/21	Danyelza	Naxitamab	Antineoplastic	40mg/mL	Injection	No change: PA Required	PA Required (Part B)
4/1/21	Orgovyx	Relugolix	Antineoplastic	120mg	Tablet	No change: PA Required	PA Required NSO. QL: 32/30 days

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy, XR/ER=Extended Release, OTC=Over the Counter